



Public Health Department

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June 7, 2019

Forest Knolls Mutual
Attn: Jim Norman
P.O. Box 687
Forest Ranch, CA 95942

CITATION # 01_34_19C_001_0400078_01

**RE: FOREST KNOLLS MUTUAL, PWS #04-00078
EXCEEDANCE OF THE BACTERIOLOGICAL MAXIMUM CONTAMINANT LEVEL**

Enclosed is a citation issued to the Forest Knolls Mutual (Water System). The citation is being issued because the Water System failed to achieve the drinking water standard for total coliform bacteria during the month of May 2019. Please read this citation carefully and complete all directives. Public notification is required to inform consumers that the standard was not achieved during this time period. **Another violation will result in additional enforcement fees and further enforcement actions.**

Because your water system had two or more total coliform-positive samples in a month, the U.S. EPA's Revised Total Coliform Rule requires your water system to conduct a Level 1 Assessment. The State has not yet adopted this new rule. We are advising you to comply with the new rule and conduct the assessment as specified in the directives of this citation.

Any person who is aggrieved by an order or decision issued by the Division, may file a petition with the State Water Board for reconsideration of the order or decision. Petitions must be received by the State Board within 30 days of the issuance of the order or decision. The date of issuance is the date when the Division mails a copy of the order or decision. If the 30th day falls on a Saturday, Sunday, or state holiday, the petition is due the following business day. Petitions must be received by 5:00 p.m. See attached Applicable Authorities for relevant statutory provisions for filing a petition.

For more Information regarding filing petitions, visit the following website:
http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml

If you have any questions regarding this matter, please call me at 530.552.3864

Sincerely,

Jenifer Kovacs, REHS

Certified Mail No. 7011 2970 0003 9130 4465
Enclosures

CC: Jim Norman, System Manager; John Graham, Certified Operator; Reese Crenshaw, Valley District Engineer- SWRCB Division of Drinking Water

BUTTE COUNTY PUBLIC HEATH

ENVIRONMENTAL HEALTH DIVISION

Public Water System: Forest Knolls Mutual

Water System No.: 0400078

To: Forest Knolls Mutual
Attn: Jim Norman
P.O. Box 687
Forest Ranch, CA 95942

Issued: June 7, 2019

CITATION FOR NONCOMPLIANCE

Citation No. 01_34_19C_001_0400078_01

With Title 22 California Code of Regulations

Section 64426.1(b)

Section 116650 of the California Health and Safety Code (CHSC) authorizes the issuance of a citation for failure to comply with a requirement of the California Safe Drinking Water Act (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit, or order issued thereunder.

1 The Butte County Environmental Health (hereinafter "BCEH"), acting by and through
2 its Delegation Agreement with State Water Resource Control Board, Division of
3 Drinking Water (hereinafter "Division") and the Deputy Director for the Division,
4 hereby issues a citation to Forest Knolls Mutual for failure to comply with Section
5 64426.1(b), Title 22, of the California Code of Regulations (CCR).

6 7 **STATEMENT OF FACTS**

8 The Forest Knolls Mutual, domestic water system (System) is classified as a
9 Community water system serving approximately 46 year round residents 20 homes
10 and 1 swimming pool. In accordance with Section 64423 of Title 22, the System is
11 required to collect one routine bacteriological sample per month. On May 25, 2019,
12 three routine samples were collected from the distribution system, where 2 were
13 found to be positive for total coliform bacteria. On May 29, 2019, 5 repeat samples
14 were taken, 4 being positive for total coliform. No samples discussed herein were
15 positive for E. coli.

16 17 **DETERMINATIONS**

18 The Division has determined that the System violated Section 64426.1(b)(2), Title 22,
19 of the CCR, in that more than one sample in a month contained total coliform bacteria.
20 The System also triggered a Level 1 Assessment for May 2019 per the revised Total
21 Coliform Rule (rTCR), codified in Title 40 of the Code of Federal Regulations (CFR),
22 Section 141.859.

23 **DIRECTIVES**

24 The System is hereby directed to take the following actions:

- 25
26 1. Comply with Total Coliform Rule codified in Section 64426.1, Title 22, of the
27 CCR in all future monitoring periods.

- 1
- 2 **2. Within 30 days** of the issuance of this Citation, provide public notification,
- 3 **Attachment A**, to all persons served by the System of the MCL violation as
- 4 required by Section 64463.4(c) and Section 64465, Title 22, of the CCR.
- 5 Notification shall be completed in accordance Section 64463.4(c)(2) specified
- 6 in the attached Applicable Authorities.
- 7
- 8 **3. Complete and return Attachment B**, "Certification of Completion of Public
- 9 Notification" form **within 10 days** of giving public notice. A copy of the notice
- 10 used to provide public notification shall be attached to the form.
- 11
- 12 **4. As a result of the May 2019 total coliform results, within 30 days of the**
- 13 **issuance of this Citation**, the System must submit to the Division a completed
- 14 and signed **Attachment C**, rTCR Level 1 Assessment form. Furthermore, all
- 15 necessary corrective action specified on the Assessment must be addressed
- 16 and verified (via fax, email, mail, or phone) to the Division within **30 days of**
- 17 **completed Assessment**.
- 18
- 19 **5. Collect and report five (5) routine bacteriological samples in the distribution**
- 20 **system in the month of June 2019.**
- 21

22 All documents required by this Citation to be submitted to the Division shall be
23 submitted to the following address:

24
25 Butte County Environmental Health
26 Attn: Amanda Aguiar
27 202 Mira Loma Dr.

Oroville, CA 95965

(530) 552-3880 (phone) (530) 538-5339 (fax)

Nothing in this Citation relieves the System of its obligation to meet the requirements of Health and Safety Code, Division 104, Part 12, Chapter 4 (California Safe Drinking Water Act), or any regulation, permit, standard or order issued or adopted thereunder.

The Division reserves the right to make such modifications to this Citation, as it may deem necessary to protect public health and safety. Such modifications may be issued as amendments to this Citation and shall be effective upon issuance.

FURTHER ENFORCEMENT ACTION

The California SDWA authorizes the BCEH to: issue citation with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any permit, regulation, permit or order issued or adopted thereunder including, but not limited to, failure to correct a violation identified in a citation or compliance order. The California SDWA also authorizes BCEH to take action to suspend or revoke a permit that has been issued to a public water system if the system has violated applicable law or regulations or has failed to comply with an order of the BCEH; and to petition the superior court to take various enforcement measures against a public water system that has failed to comply with an order of the BCEH. The BCEH does not waive any further enforcement action by issuance of this citation.

PARTIES BOUND

This Citation shall apply to and be binding upon the System, its officers, directors, agents, employees, contractors, successors, and assignees.

SEVERABILITY

The directives of this Citation are severable, and the System shall comply with each and every provision thereof notwithstanding the effectiveness of any other provision.



June 7, 2019

Elaine McSpadden, Director

Date

Butte County Environmental Health

Attachments:

Attachment 'A' - Public Notification

Attachment 'B' - Certification of Completion of Public Notification

Attachment 'C' - Level 1 Assessment

CC: Jim Norman, System Manager, John Graham, Certified Operator; Reese Crenshaw, Valley District Engineer- SWRCB Division of Drinking Water

Certified Mail No. 7011 2970 0003 9130 4465

Instructions for Tier 2 Unresolved Total Coliform Notice Template

Template Attached

Since exceeding the total coliform bacteria maximum contaminant level is a Tier 2 violation, you must provide public notice to persons served as soon as practical but within 30 days after you learn of the violation [California Code of Regulations, Title 22, Chapter 15, Section 64463.4(b)]. Persistent total coliform problems can be serious. **Each water system required to give public notice must submit the notice to the State Water Resources Control Board, Division of Drinking Water (DDW) for approval prior to distribution or posting, unless otherwise directed by the DDW [64463(b)].**

Notification Methods

You must use the methods summarized in the table below to deliver the notice to consumers. If you mail, post, or hand deliver, print your notice on letterhead, if available.

<i>If You Are a...</i>	<i>You Must Notify Consumers by...</i>	<i>...and By One or More of the Following Methods to Reach Persons Not Likely to be Reached by the Previous Method...</i>
Community Water System [64463.4(c)(1)]	Mail or direct delivery ^(a)	Publication in a local newspaper
		Posting ^(b) in conspicuous public places served by the water system or on the Internet
		Delivery to community organizations
Non-Community Water System [64463.4(c)(2)]	Posting in conspicuous locations throughout the area served by the water system ^(b)	Publication in a local newspaper or newsletter distributed to customers
		Email message to employees or students
		Posting ^(b) on the Internet or intranet
		Direct delivery to each customer

(a) Notice must be distributed to each customer receiving a bill including those that provide their drinking water to others (e.g., schools or school systems, apartment building owners, or large private employers), and other service connections to which water is delivered by the water system.

(b) Notice must be posted in place for as long as the violation or occurrence continues, but in no case less than seven days.

The notice attached is appropriate for the methods described above. However, you may wish to modify it before using it for posting. If you do, you must still include all the required elements and leave the health effects and notification language in italics unchanged. This language is mandatory [64465].

Multilingual Requirement

The notice must (1) be provided in English, Spanish, and the language spoken by any non-English-speaking group exceeding 10 percent of the persons served by the water system and (2) include a telephone number or address where such individuals may contact the water system for assistance.

Attachment A

If any non-English-speaking group exceeds 1,000 persons served by the water system, but does not exceed 10 percent served, the notice must (2) include information in the appropriate language(s) regarding the importance of the notice and (2) contain the telephone number or address where such individuals may contact the water system to obtain a translated copy of the notice from the water system or assistance in the appropriate language.

Population Served

Make sure it is clear who is served by your water system -- you may need to list the areas you serve.

Description of the Violation

The description of the violation and the MCL vary depending on the number of samples you take. The following table should help you complete the second paragraph of the template.

<u>If You Take Fewer Than 40 Samples a Month</u>	<u>If You Take 40 or More Samples a Month</u>
State the number of samples testing positive for coliform. The standard is that no more than one sample per month may be positive.	State the percentage of samples testing positive for coliform. The standard is that no more than 5.0 percent of samples may test positive each month.

Corrective Action

In your notice, describe corrective actions you are taking. If you know what is causing the coliform problem, explain this in the notice. Listed below are some steps commonly taken by water systems with a total coliform violation. Use one or more of the following actions, if appropriate, or develop your own:

- "We are chlorinating and flushing the water system."
- "We are increasing sampling for coliform bacteria."
- "We are investigating the source of contamination."
- "We are repairing the wellhead seal."
- "We are repairing the storage tank."
- "We will inform you when additional samples show no coliform bacteria."

After Issuing the Notice

Send a copy of each type of notice and a certification that you have met all the public notice requirements to the DDW within ten days after you issue the notice [64469(d)]. You should also issue a follow-up notice in addition to meeting any repeat notice requirements the DDW sets.

It is recommended that you notify health professionals in the area of the violation. People may call their doctors with questions about how the violation may affect their health, and the doctors should have the information they need to respond appropriately.

It is a good idea to issue a "problem corrected" notice when the violation is resolved.

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.

Tradúzcalo o hable con alguien que lo entienda bien.

Forest Knolls Mutual Has Levels of Coliform Bacteria Above the Drinking Water Standard

Our water system recently violated a drinking water standard. Although this is not an emergency, as our customers, you have a right to know what you should do, what happened, and what we are doing to correct this situation.

We routinely monitor for the presence of drinking water contaminants. We took 8 samples to test for the presence of coliform bacteria during May 2019. 6 of those samples showed the presence of total coliform bacteria. The standard is that no more than 1 sample per month may do so.

What should I do?

- **You do not need to boil your water or take other corrective actions.**
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing.** If we had, we would have notified you immediately. However, we are still finding coliforms in the drinking water.
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from U.S. EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

What happened? What is being done?

Though we are not sure of the cause of the positive coliform detections, we will disinfect the distribution system and will be increasing the number of routine samples in the month of June 2019.

For more information, please contact Jim Norman at 894-1571 or PO Box 687, Forest Ranch, CA 95942.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.

Secondary Notification Requirements

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- **SCHOOLS:** Must notify school employees, students, and parents (if the students are minors).
- **RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS** (including nursing homes and care facilities): Must notify tenants.
- **BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS:** Must notify employees of businesses located on the property.

This notice is being sent to you by Forest Knolls Mutual.

State Water System ID#: __04-00078__. Date distributed: _____.

CERTIFICATION OF COMPLETION OF PUBLIC NOTIFICATION

This form, when completed and returned to Butte County Environmental Health (202 Mira Loma Dr. Oroville, CA 95965 or fax to 530-538-5339), serves as certification that public notification to water users was completed as required by the California Water Quality and Monitoring Regulations. Completing public notification and providing the Department with certification is important. Failure to do so will result in additional hourly time charges to your water utility and will result in a formal enforcement action with monetary penalties.

Public Water System Name Forest Knolls Mutual

Public Water System No. 04-00078

Public notification for total coliform level exceedance sample for the month of **May 2019** was performed by the following method(s):

 The notice was mailed to customers. List the date(s) the notice was distributed:

 The notice was posted in conspicuous places to reach non bill paying consumers. List the locations the notice was posted:

 The notice was hand delivered to consumers/customers.

I hereby certify that the above information is factual.

Printed Name

Signature

Date

STATE OF CALIFORNIA
WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER



RTCR Level 1 Assessment Report Form for Positive Total Coliform Investigation

See the RTCR Level 1 Assessment Guidance and Tips document for additional information.

This assessment is intended to review general water system infrastructure, system operation and sampling protocols for potential sources of contamination. This form should be completed by a knowledgeable representative of the water system. To avoid a violation, an assessment report must be completed and returned to your local regulatory agency no later than 30 days after the trigger date.

SYSTEM NAME:

Trigger Date:

SYSTEM #:

Investigation Date:

#	Issues	Yes/No	N/A	Potentially	If Yes or Potentially, Identify
1	Unusual occurrences with the water system since the last negative routine bacteriological sample:				
	Loss of pressure <5 psi	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Heavy precipitation and/or flooding	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Customer complaints of water quality or pressure	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Evidence of unauthorized access/vandalism	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Interruption in disinfection treatment	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Changes to water system since last negative routine bacteriological sample:				
	Piping modified or repaired	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	System components replaced or repaired	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Changes in operational procedures or personnel	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
3	Groundwater source contamination:		<input type="checkbox"/>		Proceed to section 4 if groundwater is not used.
	Repeat bacteriological sample(s) from raw source water is positive for total coliform	Y <input type="checkbox"/> N <input type="checkbox"/>			
	Wells:		<input type="checkbox"/>		
	Cracks or holes in the well casing above grade	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Water can leak through well top seal	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	The well is not equipped with a downturned screened vent.	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Water can leak through well head penetrations for electrical or sounding equipment	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Leaking pipes or standing water around the well(s)	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	

	Springs and/or Horizontal Wells:		<input type="checkbox"/>		
	The collection site is overgrown with vegetation.	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Flowing/standing water around the collection site	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Evidence of animal activity around the collection site (grazing/burrowing)	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Rodents, insects or roots in the spring box	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Surface water or GWUDI treatment issues		<input type="checkbox"/>		
	CT not met at all times	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Spikes in raw or filtered water turbidity	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Alarms and auto shutdowns are not properly set or functioning.	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
5	Tank(s) storage, clearwell, backwash return:		<input type="checkbox"/>		Proceed to section 6 if there are no tanks.
	Openings in tank roof that rain water can enter	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Rodents, birds, insects or other unexpected materials inside tank	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Tank air vents are not properly screened to prevent insects from entering.	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Hatches or access ladders left unlocked	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	For redwood tanks, signs of birds/animals burrowing or nesting into the tank	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	root intrusion, for underground tanks	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Distribution system				
	Low pressure transmission lines	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Dead end lines	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Interties with non-potable water systems or sources (even if valved off)	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Any certified backflow prevention devices not tested in the previous calendar year.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Sample site and sampling procedures				
	Sample sites are not the ones identified in the approved bacteriological sample siting plan.	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Sample taps are wet, leaking or dirty	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	The sample collector was not properly trained	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Is there a seasonal pattern in positive samples when reviewing historical monitoring?	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
8	Other	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	

SUMMARY: Based on the results of your investigation and any other available information, what do you believe to be the cause(s) of the positive total coliform samples from your water system? Also, include any items that could potentially lead to contamination. (REQUIRED)

CORRECTIVE ACTIONS: What actions have you taken to correct the above mentioned issue(s)? If additional time is needed to correct a deficiency, indicate a correction date or contact your local regulating agency for a reasonable timeline for correction. (REQUIRED)

CERTIFICATION: I certify that the information submitted in response to the questions above is accurate to the best of my knowledge.

Name: _____ Title: _____ Signature: _____ Date: _____